

### ANNUAL STATEMENT For the Year Ending December 31, 2007 OF THE CONDITION AND AFFAIRS OF THE

DaVita VillageHealth of Michigan, Inc.

Organized under the Laws of Michigan State of Domicile or Port of Entry Michigan  Country of Domicile United States of America  Licensed as business type:  Licensed Business type:  L	NAIC Group Code	4422 (Current Period)	4422 (Prior Period)	NAIC Company Code	12979	Employer's ID Number	20-8077290
Licensed as business type  Life, Accident & Health [	Organized under the Laws of	,	,	, State of Domi	cile or Port of Entry		<i>l</i> ichigan
Petal Service Corporation()   Valien Service Corporation()   Health Maintenance Organization(X)	Country of Domicile	Unit	ed States of America				
Statutory Homo Office  7990 W. Grand River Road, Suite 200  Brighton, MI 48114  (City or Town, State and Zip Code)  Rejighton, MI 48114  (City or Town, State and Zip Code)  Rejighton, MI 48114  (City or Town, State and Zip Code)  Frimery Location of Books and Records  Report Contact  Responsible Address  (City or Town, State and Zip Code)  Frimery Location of Books and Records  Report Contact  Responsible Address  (City or Town, State and Zip Code)  Frimery Location of Books and Records  Report Contact  Lesis Rice  Report Contact  Lesis Rice  Report Contact  Responsible Address  (City or Town, State and Zip Code)	Licensed as business type:	Dental Service Corpo	ration[] Vision	Service Corporation[ ]	Health Ma		ndemnity[ ]
Main Administrative Office    Street and Number    (City or Teen, State and Zp Code)	Incorporated/Organized		12/18/2006	Comme	enced Business	07/12/20	107
Main Administrative Office    Brighton, MI 48114   Street and Number   (810)225-2304     Mail Address   City or Town, State and Zp Cotols   Foo Box 2016   Taconna, WA 98401-2016     City or Town, State and Zp Cotols   Foo Box 2016   Taconna, WA 98401-2016     Primary Location of Books and Records   Foo Box 2016   Taconna, WA 98401-2016     Primary Location of Books and Records   Edition of Town, State and Zp Cotols   Taconna, WA 98401-2016     City or Town, State and Zp Cotols   Taconna, WA 98401-2016     City or Town, State and Zp Cotols   Taconna, WA 98401-2016     City or Town, State and Zp Cotols   Www. villagerelath.com   (Error of the State and Number)     Internet Website Address   City or Town, State and Zp Cotols   (Name)   (Areas Cotol) (Tetroprone Number)     (Erward Market Mebsite Address   Www. villagerelath.com   (Parm)   (Areas Cotol) (Tetroprone Number)     (Erward Market Mebsite Address   Www. villagerelath.com   (Parm)   (Areas Cotol) (Tetroprone Number)     (Erward Market Mebsite Address   Www. villagerelath.com   (Parm)   (Areas Cotol) (Tetroprone Number)     (Erward Market Mebsite Address   Www. villagerelath.com   (Parm)   (Areas Cotol) (Tetroprone Number)     (Erward Market Mebsite Address   Www. villagerelath.com   (Parm)   (Areas Cotol) (Tetroprone Number)     (Erward Market Mebsite Address   Www. villagerelath.com   (Parm)   (Parm)   (Areas Cotol)     (Erward Market Mebsite Address   Www. villagerelath.com   (Parm)   (Areas Cotol)     (Erward Market Mebsite Address   Www. villagerelath.com   (Parm)   (Areas Cotol)     (Erward Market Mebsite Address   Www. villagerelath.com   (Parm)   (Areas Cotol)     (Erward Market Mebsite Address   (Parm)   (Areas Cotol)   (Areas Cotol)     (Erward Market Mebsite Address   (Parm)   (Areas Cotol)   (Areas Cotol)   (Areas Cotol)     (Erward Market Mebsite Address   (Areas Market Mebsite Address	Statutory Home Office	7960		te 200 ,			
Bigiption, Mil 48114	Main Administrative Office		(Street and Number)			(City or Town, State and Zip Co	ıde)
Mail Address PD Dos 2076		Brial	aton MI 48114	(Street ar	nd Number)	(810)225-2304	
Mail Address PO Box 2076 , Tanoam, WA 98401-2076						, ,	umber)
Primary Location of Books and Records  Brighton, MI 48114  (City or Town, State and Zip Code) (Internet Website Address)  (City or Town, State and Zip Code) (Internet Website Address)  (City or Town, State and Zip Code) (Nerver)  (Nerver) (Nerver) (Nerver) (Nerver) (Nerver) (Nerver) (Statutory Statement Contact  Lesle Rice (Part Number) (Power) (Say)739-0486 (Fax Number) (Fax Number) (Fax Number) (Fax Number) (Fax Number) (Fax Number)  OFFICERS  Name Title Andrew Patrick Hayek Joseph Thomas Schools Jess Ingrahm Parks Steve Iring Giveger Aller Richard Nisseanco Chief Medical Officer # Andrew Patrick Hayek # Tom Orville Usition, Jr. # Robert Provenzano, MD # Robert Proven	Mail Address			<u> </u>			·
Brighton, MI 48114 (Chy or Town, State and Zip Code) (Chy or Town, State and Zip Code) (Chy or Town, State and Zip Code) (Meres Code) (Telephone Number) (Internet Website Address)  Statutory Statement Contact  Lesile Rice (Chy or Town, State and Zip Code) (Enter Address)  OFFICERS  Name Title Andrew Patrick Hayek Andrew Patrick Hayek Allen Richard Nisserson  OTHERS  DIRECTORS OR TRUSTEES  Andrew Patrick Hayek # Robert Proventzano, MD # Robert Proventzano, MD # Robert Proventzano, MD # State of Country of State of Internet Policy and Country of State of Internet Policy Andrew Patrick Hayek # Robert Proventzano, MD # Robert Proventzano, MD # State of Country of Internet Policy Andrew Patrick Hayek # Robert Proventzano, MD # Robert Provent	D: 1 " (D 1		(Street and Number or P.O. Box	,	15: 5 10:	, ,	ode)
Brighton, MI 48114 (City or Town, State and 25 Cade) (Area Code); (Festphone Number) intermet Website Address (City or Town, State and 25 Cade) (Area Code); (Festphone Number) (Area Code); (	Primary Location of Books a	and Records				e 200	
Internet Website Address    Statutory Statement Contact   Lesile Rice   (253)382-1818     Name   (Area Code)(Telephone Number)(Estension)     (estile rice@villagehealth.com		Brighto	n, MI 48114	(0	treet and Number)	(253)382-1794	
Statutory Statement Contact  Lesile Rice  (Sany) (S		(City or Town,	State and Zip Code)			(Area Code) (Telephone Nu	ımber)
Name   (Area Code)(Telephone Number)(Extension)	Internet Website Address		www. villagehealth.com	m			
Name   (Area Code)(Telephone Number)(Extension)	Statutory Statement Contac	et	Leslie Rice			(253)382-1818	
(E-Mail Address)  OFFICERS  Name Andrew Patrick Hayek Joseph Thomas Schoth Justs Ingrahm Parks Seve Ining Griege Andrew Patrick Hayek Joseph Thomas Schoth Justs Ingrahm Parks Seve Ining Griege Andrew Patrick Hayek Allar Richard Nissenson OTHERS  DIRECTORS OR TRUSTEES  Andrew Patrick Hayek # Tom Orville Usilton, Jr. # Robert Provenzano, MD #  State of County of  ss  The officers of this reporting entity being duly swom, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described asset were the absolute property of the said reporting entity here and clear from any lines or cleams thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein a statement instructions and Accounting Practices and Procedures manual except to the extent that (1) state by differ or, (2) but site dure for greating in the seasor and includes and or the continuous manual except to the extent that (1) state by differ or, (2) but site dure for explanations require differences in reporting profit acide to accounting practices and procedures manual except to the extent that (1) state by differ or, (2) but site under or supporting entity in the extent that (1) state by differ or, (2) but site dure or regularizes require differences in reporting profit acide to accounting practices and procedures manual except to the extent that (1) state by differ or, (2) but site dure or support the extent that (1) state by differ or, (2) but site dure or support to the extent that (1) state by differ or, (2) but site dure or support to require and accounting practices and procedures manual except to the extent that (1) state by differ or, (2) but site dure or support to require and profit or support to reporting precisions and procedures manual except to the extent that (1) state by differ or, (2) but site dure or support that the support that the support that the support that the support that t	otatatory otatomont comac				-	\ /	)(Extension)
Name. Title Andrew Patrick Hayek Oseph Thomas Shoth Jessel Projection ## Corinna Shoth Jessel Projection ## Corinna Shoth Jessel Projection ## Corinna Bernice Polk Allen Richard Nissenson Chief Medical Officer ## Corinna Bernice Polk Allen Richard Nissenson Chief Medical Officer ## Corinna Bernice Polk Allen Richard Nissenson Chief Medical Officer ## Corinna Bernice Polk Allen Richard Nissenson Chief Medical Officer ## Corinna Bernice Polk Assistant Treasurer ## Robert Provenzano, MD ## Robe			_ •			. ,	
Andrew Patrick Hayek Joseph Thomas Schobl Jess Ingrahm Patks Sleve Iving Grieger Corinna Bernice Polik Allen Richard Nissenson OTHERS  DIRECTORS OR TRUSTEES  Andrew Patrick Hayek # Tom Orville Usilton, Jr. #    Passistant Treasurer #   Robert Provenzano, MD #   Robert Provenzan		(L-IVIC	iii Addiess)	OFFICERS		(i ax ivuilibei)	
Joseph Thomas Scholb I Jess Ingrahm Parks Steve Irving Grieger Corina Bernice Polix Assistant Scretary # Chief Medical Officer # Chief Med			Nar	me Title			
Steve Inving Gregor Assistant Treasurer Assistant Treasurer Assistant Treasurer ## Assistan					#		
Corina Bernice Polk Allen Richard Nissenson OTHERS  DIRECTORS OR TRUSTEES  Andrew Patrick Hayek # Jess Ingrahm Parks # Robert Provenzano, MD #  State of County of					#		
DIRECTORS OR TRUSTEES  Andrew Patrick Hayek # Tom Orville Usilton, Jr. # Robert Provenzano, MD #  State of County of ss  The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described asset were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein ordinated, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the aproding neity as of the reporting period stated above, all of the herein described asset were the absolute property of the said reporting entity as of the reporting period stated above, and of its income and adductions thereform for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state in any differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.  Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.    Signature			Steve Irving G Corinna Berni	Grieger Assistant Treasu ice Polk Assistant Secret	ary #		
Andrew Patrick Hayek # Tom Orville Usilton, Jr. # Robert Provenzano, MD #  State of County of ss  The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described asset were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state is may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.    Signature				OTHERS			
State of County of ss  Tom Orville Usilton, Jr. # Robert Provenzano, MD #  State of County of ss  The officers of this reporting entity, being duly swom, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described asset were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and seductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state is may differ; or, (2) that state rules or regulations regulated to accounting practices and part to the best of their information, knowledge and belief, respectively.  Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.   (Signature)  Anderw Patrick Hayek  Joseph Thomas Schohl  Gignature)  (Signature)  Anderw Patrick Hayek  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Title)  (Title)  (Title)  Subscribed and sworn to before me this  a. Is this an original filing?  Yes[X] No[]  Less Ingrahm Parks  Less Ingrahm Parks  Less Ingrahm Parks  Less Ingrahm Parks  Less Ingr			DIREC	CTORS OR TRUSTI	EES		
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described asset were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and adductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state it may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.    (Signature)							
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were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state Is may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.    (Signature)	·						
Andrew Patrick Hayek         Joseph Thomas Schohl         Jess Ingrahm Parks           (Printed Name)         (Printed Name)         (Printed Name)           1.         2.         3.           President         Secretary         Treasurer           (Title)         (Title)         (Title)           Subscribed and sworn to before me this day of, 2008         a. Is this an original filing?         Yes[X] No[]	were the absolute property of the contained, annexed or referred to deductions therefrom for the peri- may differ; or, (2) that state rules Furthermore, the scope of this at	e said reporting entity, free an o, is a full and true statement od ended, and have been co or regulations require differe testation by the described of	d clear from any liens or claims of all the assets and liabilities at mpleted in accordance with the ences in reporting not related to a ficers also includes the related c	thereon, except as herein stated, and nd of the condition and affairs of the s NAIC Annual Statement Instructions a accounting practices and procedures, orresponding electronic filing with the	that this statement, tog said reporting entity as cand Accounting Practice according to the best o NAIC, when required, the	ether with related exhibits, schedu of the reporting period stated above is and Procedures manual except of their information, knowledge and	e, and of its income and to the extent that: (1) state la belief, respectively.
Andrew Patrick Hayek         Joseph Thomas Schohl         Jess Ingrahm Parks           (Printed Name)         (Printed Name)         (Printed Name)           1.         2.         3.           President         Secretary         Treasurer           (Title)         (Title)         (Title)           Subscribed and sworn to before me this day of, 2008         a. Is this an original filing?         Yes[X] No[]							
(Printed Name)         (Printed Name)         (Printed Name)           1.         2.         3.           President         Secretary         Treasurer           (Title)         (Title)         (Title)           Subscribed and sworn to before me this day of, 2008         a. Is this an original filing?         Yes[X] No[]					<del></del>		
Interpretation         2.         3.           President         Secretary         Treasurer           (Title)         (Title)         (Title)           Subscribed and sworn to before me this day of				<u>'</u>			
Subscribed and sworn to before me this  day of , 2008  b. If no, 1. State the amendment number  2. Date filed  (Title)  Yes[X] No[ ]  Yes[X] No[ ]	(1	,		,		•	,
Subscribed and sworn to before me this  day of , 2008  b. If no, 1. State the amendment number  2. Date filed				<b>'</b>			
day of , 2008 b. If no, 1. State the amendment number 2. Date filed		(Title)		(Title)		(Title)	
day of , 2008 b. If no, 1. State the amendment number 2. Date filed	Subscribed and swor	n to before me this	a ls th	nis an original filing?		Yes[X] Nof 1	I
2. Date filed					number	. 35[/1] 110[ ]	
3. Number of pages attached				,			
· • · · · · · · · · · · · · · · · · · ·				3. Number of pages attac	hed		<u> </u>

(Notary Public Signature)

16	Exhibit of Nonadmitted AssetsNONE
17	Exhibit 1 - Enrollment By Product Type NONE
18	Exhibit 2 - Accident and Health PremiumsNONE
19	Exhibit 3 - Health Care ReceivablesNONE
20	Exhibit 4 - Claims Unpaid NONE
21	Exhibit 5 - Amounts Due From ParentNONE
22	Exhibit 6 - Amounts Due to ParentNONE
23	Exhibit 7 - Pt1 - Summary Trans. With ProvNONE
23	Exhibit 7 - Pt 2 - Summary Trans. With IntermNONE
24	Exhibit 8 - Furniture and Equipment OwnedNONE



# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a) REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4422		BUSINESS	S IN THE STATE	OF MICHIGAN D	URING THE YEA	\R			NAIC Company	Code 12979
	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total				$\wedge$						
10. Hospital Patient Days Incurred				( ) NI						
Hospital Patient Days Incurred     Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION: NAIC Group Code 4422 BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR NAIC Company Code 12979

MAIO Group Gode 4422		DUSINESS I	N THE STATE OF	- GRAND IOTAL	- DOKING THE T	EAR			NAIC Company	Jude 12979
	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
otal Members at end of:										
Prior Year										
First Quarter										
Second Quarter										
Third Quarter										
Current Year										
Current Year Member Months										
otal Member Ambulatory Encounters for Year:										
Physician										
Non-Physician										
Total				$\wedge$						
. Hospital Patient Days Incurred				( ) NI						
Hospital Patient Days Incurred     Number of Inpatient Admissions										
. Health Premiums Written (b)										
Life Premiums Direct										
Property/Casualty Premiums Written										
. Health Premiums Earned										
6. Property/Casualty Premiums Earned										
8. Amount Incurred for Provision of Health Care Services	1	I	1	l	I	1	l	I		

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products ...............0 and number of persons insured under indemnity only products ..............0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.............0

31	Schedule A - VerificationNOI	ΝE
31	Schedule B - VerificationNO	NE
31	Schedule BA - Verification	NE
32	Schedule D - Summary by CountryNOI	NE
32	Schedule D - Verification	NE

## SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations											
	1 1 Year	2 Over 1 Year	3 Over 5 Years	4 Over 10 Years	5	6	7 Column 6	8 Total	9 % From	10 Total	11 Total
Quality Rating Per the	or	Through	Through	Through	Over	Total	as a % of	From Column 6	Column 7	Publicly	Privately
NAIC Designation	Less	5 Years	10 Years	20 Years	20 Years	Current Year	Line 10.7	Prior Year	Prior Year	Traded	Placed (a)
. U.S. Governments, Schedules D & DA (Group 1)											, ,
1.1 Class 1						1,000,534	100.00			1,000,534	
1.2 Class 2											
1.3 Class 3											
4 = 01 =											
1.5 Class 5		• • • • • • • • • • • • • • • • • • • •									
						1 000 534	100.00			1 000 534	
1.7 TOTALS	1,000,534					1,000,534	100.00			1,000,534	
All Other Governments, Schedules D & DA (Group 2)											
2.1 Class 1		• • • • • • • • • • • • • • • • • • • •									
2.2 Class 2											
2.4 Class 4											
2.5 Class 5		• • • • • • • • • • • • • • • • • • • •									
2.7 TOTALS											
States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3) 3.1 Class 1											
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 TOTALS											
Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 1											
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 TOTALS											
Special Revenue & Special Assessment Obligations etc., Non-Guaranteed,											
Schedules D & DA (Group 5)											
5.1 Class 1											
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 TOTALS											

# SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

8.3 Class 3 8.4 Class 4 8.5 Class 5 8.6 Class 6 8.7 TOTALS	11 Total	40	0	0	-						ſ	
Quality Rating Per the	Tatal	10	9	0	/	6	5	4	3	2	1	
Quality Rating Per the	Total	Total	% From	Total	Column 6			Over 10 Years	Over 5 Years	Over 1 Year	1 Year	
NAIC Designation	Privately	Publicly				Total	Over				or	Quality Rating Per the
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)   6.1 Class 1   6.2 Class 2   6.3 Class 3   6.4 Class 4   6.5 Class 5   6.6 Class 6   6.6 Class 6   6.7 TOTALS   7.1 Class 1   7.2 Class 2   7.3 Class 3   7.4 Class 4   7.5 Class 5   7.6 Class 6   7.7 TOTALS   7.1 Class 1   7.5 Class 5   7.7 TOTALS   7.8 Class 6   7.8 Clas	Placed (a)											
Group 6    6.1 Class 1   6.2 Class 2   6.3 Class 3   6.4 Class 4   6.5 Class 6   6.7 TOTALS   6.7 Class 1   6.7 Class 2   6.8 Class 6   6.7 TOTALS   6.7 Class 6   6.7 TOTALS   6.7 Class 6   6.7 Cl	1 10000 (0)	Hudou	T HOL TOUL	1 1101 1 001	Elilo 10.7	Ourront rour	20 10010	20 10010	10 10010	0 10010	2000	
6.1 Class 1 6.2 Class 2 6.3 Class 3 6.4 Class 4 6.5 Class 5 6.6 Class 6 6.7 TOTALS  D 8 DA (Group 7) 7.1 Class 1 7.2 Class 2 7.3 Class 3 7.4 Class 4 7.5 Class 5 7.6 Class 6 7.7 TOTALS  NONE  B. Credit Tenent Loans, Schedules D & DA (Group 8) 8.1 Class 1 8.2 Class 2 8.3 Class 3 8.4 Class 4 8.5 Class 5 8.6 Class 6 8.7 TOTALS 8.7 Class 6 8.7 Class 6 8.8 Class 6 8.9 Class 6 8.9 Class 6 8.9 Class 6 8.0 Class 6 8.0 Class 6 8.0 Class 6 8.0 Class 6 8.1 Class 6 8.2 Class 6 8.3 Class 6 8.4 Class 6 8.5 Class 6 8.7 TOTALS												, ,
6.2 Class 2 6.3 Class 3 6.4 Class 4 6.5 Class 5 6.6 Class 6 6.7 TOTALS  7. Industrial & Miscellaneous (Unaffiliated), Schedules D & D & Croup 7) 7.1 Class 1 7.2 Class 2 7.3 Class 3 7.4 Class 4 7.5 Class 5 7.6 Class 6 7.7 TOTALS  8. Credit Tenant Loans, Schedules D & D & OA (Group 8) 8.1 Class 6 8.2 Class 2 8.3 Class 3 8.4 Class 4 8.5 Class 6 8.5 Class 6 8.6 Class 6 8.7 TOTALS												. , ,
6.3 Class 3 6.4 Class 4 6.5 Class 6 6.6 Class 6 6.7 TOTALS 7. Industrial Miscellaneous (Unaffiliated), Schedules D & DA (Group 7) 7.1 Class 1 7.2 Class 2 7.3 Class 3 7.4 Class 4 7.5 Class 6 7.7 TOTALS 8. Credit Tenant Loans, Schedules D & DA (Group 8) 8.1 Class 1 8.2 Class 2 8.3 Class 3 8.4 Class 4 8.5 Class 6 8.6 Class 6 8.7 TOTALS 8.6 Class 6 8.7 TOTALS 8.7 Class 6 8.7 TOTALS												
6.4 Class 4 6.5 Class 5 6.6 Class 6 6.7 TOTALS 7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7) 7.1 Class 1 7.2 Class 2 7.3 Class 3 7.4 Class 4 7.5 Class 5 7.6 Class 5 7.6 Class 6 7.7 TOTALS 8. Credit Tenant Loans, Schedules D & DA (Group 8) 8.1 Class 1 8.2 Class 2 8.3 Class 3 8.4 Class 4 8.5 Class 5 8.6 Class 6 8.7 TOTALS												
6.5 Class 5 6.6 Class 6 6.7 TOTALS  7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7) 7.1 Class 1 7.2 Class 2 7.3 Class 3 7.4 Class 4 7.5 Class 5 7.6 Class 6 7.7 TOTALS  8. Credit Tenant Loans, Schedules D & DA (Group 8) 8.1 Class 1 8.2 Class 2 8.3 Class 3 8.4 Class 4 8.5 Class 6 8.7 Class 6												
6.6 Class 6												
1												
7.   Industrial & Miscellaneous (Unaffiliated), Schedules   D & DA (Group 7)   T.1   Class 1   T.2   Class 2   T.3   Class 3   T.4   Class 4   T.5   Class 5   T.6   Class 6   T.7   TOTALS												
D & DA (Group 7) 7.1 Class 1 7.2 Class 2 7.3 Class 3 7.4 Class 4 7.5 Class 5 7.6 Class 5 7.7 TOTALS  NONE  NONE  NONE  NONE  Residual State of the s												7 Industrial & Miscellaneous (Unaffiliated) Schedules
7.1 Class 1 7.2 Class 2 7.3 Class 3 7.4 Class 4 7.5 Class 5 7.6 Class 6 7.7 TOTALS  8. Credit Tenant Loans, Schedules D & DA (Group 8) 8.1 Class 1 8.2 Class 2 8.3 Class 3 8.4 Class 4 8.5 Class 6 8.5 Class 6 8.7 TOTALS												i i i
7.2 Class 2 7.3 Class 3 7.4 Class 4 7.5 Class 5 7.6 Class 6 7.7 TOTALS  8. Credit Tenant Loans, Schedules D & DA (Group 8) 8.1 Class 1 8.2 Class 2 8.3 Class 3 8.4 Class 4 8.5 Class 4 8.5 Class 5 8.6 Class 6 8.7 TOTALS												, , ,
7.3 Class 3 7.4 Class 4 7.5 Class 5 7.6 Class 6 7.7 TOTALS  8. Credit Tenant Loans, Schedules D & DA (Group 8) 8.1 Class 1 8.2 Class 2 8.3 Class 3 8.4 Class 4 8.5 Class 5 8.6 Class 6 8.7 TOTALS												
7.4 Class 4 7.5 Class 5 7.6 Class 6 7.7 TOTALS  8. Credit Tenant Loans, Schedules D & DA (Group 8) 8.1 Class 1 8.2 Class 2 8.3 Class 3 8.4 Class 4 8.5 Class 5 8.6 Class 6 8.7 TOTALS												
7.5 Class 5 7.6 Class 6 7.7 TOTALS  8. Credit Tenant Loans, Schedules D & DA (Group 8) 8.1 Class 1 8.2 Class 2 8.3 Class 3 8.4 Class 4 8.5 Class 5 8.6 Class 6 8.7 TOTALS												
7.6 Class 6												
7.7 TOTALS  8. Credit Tenant Loans, Schedules D & DA (Group 8) 8.1 Class 1 8.2 Class 2 8.3 Class 3 8.4 Class 4 8.5 Class 5 8.6 Class 6 8.7 TOTALS												
8.1 Class 1 8.2 Class 2 8.3 Class 3 8.4 Class 4 8.5 Class 5 8.6 Class 6 8.7 TOTALS							) NI C					
8.1 Class 1 8.2 Class 2 8.3 Class 3 8.4 Class 4 8.5 Class 5 8.6 Class 6 8.7 TOTALS							) IN F	IV (				1.1 IUIALS
8.2 Class 2 8.3 Class 3 8.4 Class 4 8.5 Class 5 8.6 Class 6 8.7 TOTALS												
8.3 Class 3 8.4 Class 4 8.5 Class 5 8.6 Class 6 8.7 TOTALS						<u> </u>						
8.4 Class 4												
8.5 Class 5 8.6 Class 6 8.7 TOTALS												
8.6 Class 6												
8.7 TOTALS												
8.7 TOTALS												
												8.7 TOTALS
9. Parent, Subsidiaries and Affiliates, Schedules D &												
DA (Group 9)												,
9.1 Class 1												
9.5 Class 5												
9.6 Class 6												
9.7 TOTALS												9.7 TOTALS

### SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations												
		1	2	3	4	5	6	7	8	9	10	11
		1 Year	Over 1 Year	Over 5 Years	Over 10 Years			Column 6	Total	% From	Total	Total
	Quality Rating Per the	or	Through	Through	Through	Over	Total	as a % of	From Column 6	Column 7	Publicly	Privately
	NAIC Designation	Less	5 Years	10 Years	20 Years	20 Years	Current Year	Line 10.7	Prior Year	Prior Year	Traded	Placed (a)
10. Total	Bonds Current Year											
10.1	Class 1	1,000,534					1,000,534	100.00	xxx	XXX	1,000,534	
10.2	Class 2								xxx	XXX		
10.3	Class 3								XXX	XXX		
10.4	Class 4								XXX	X X X		
10.5	Class 5						(c)		XXX	X X X		
10.6	Class 6								XXX	XXX		
10.7	TOTALS	1,000,534					(b) 1,000,534	100.00	X X X	X X X	1,000,534	
10.8	Line 10.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	
11. Total	Bonds Prior Year											
11.1	Class 1						1	X X X				
11.2	Class 2						X X X	X X X				
11.3	Class 3							X X X				
11.4	Class 4						X X X	X X X				
11.5	Class 5						X X X		(c)			
11.6	Class 6						X X X	X X X	(c)			
11.7	TOTALS						I I		(b)			
11.8	Line 11.7 as a % of Col. 8						X X X	X X X		X X X		
12. Total	Publicly Traded Bonds											
12.1	Class 1	1,000,534					1,000,534	100.00			1,000,534	X X X
12.2	Class 2											X X X
12.3	Class 3											X X X
12.4	Class 4											X X X
12.5	Class 5											X X X
12.6	Class 6											X X X
12.7	TOTALS	1,000,534						100.00			1,000,534	X X X
12.8	Line 12.7 as a % of Col. 6	100.00					100.00	X X X	XXX	X X X	100.00	X X X
12.9	Line 12.7 as a % of Line 10.7, Col. 6, Section 10.	100.00					100.00	X X X	XXX	X X X	100.00	X X X
	Privately Placed Bonds											
13.1	Class 1										XXX	
13.2	Class 2										XXX	
13.3	Class 3										XXX	
13.4	Class 4										XXX	
13.5	Class 5										XXX	
13.6	Class 6										X X X	
13.7	TOTALS										X X X	
13.8	Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9	Line 13.7 as a % of Line 10.7, Col. 6, Section 10 .							X X X	X X X	X X X	X X X	

<sup>(</sup>a) Includes \$. ..0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

#### SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of A	All Bonds Owned	December 31,	At Book/Adjust	ed Carrying Val	ues by Major T	ype and Subtype	e of Issues				
Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
U.S. Governments, Schedules D & DA (Group 1)	2000	0 10010	10 10010	20 10010	20 10010	- Curront rour	2.110 10.7	1 1101 1 001	1 1101 1 001	Hudou	1 10000
1.1 Issuer Obligations	1,000,534					1.000.534				1.000.534	1
1.2 Single Class Mortgage-Backed/Asset-Backed Securities										1,000,004	1
1.7 TOTALS						1,000,534				1.000.534	
All Other Governments. Schedules D & DA (Group 2)	1,000,004					1,000,004				1,000,004	
2.1 Issuer Obligations											1
2.2 Single Class Mortgage-Backed/Asset-Backed Securities											1
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											1
2.3 Defined											1
2.4 Other											1
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											1
2.5 Defined											1
2.6 Other											
2.7 TOTALS											
States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1 Issuer Obligations											1
3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined											1
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined											1
3.6 Other											
3.7 TOTALS											
Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Issuer Obligations											1
4.2 Single Class Mortgage-Backed/Asset-Backed Securities											
											1
4.3 Defined											
4.4 Other											
4.5 Defined											1
4.5 Defined 4.6 Other											
<ul> <li>4.7 TOTALS</li> <li>Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed, SCH. D &amp; DA (Group 5)</li> </ul>											
											1
5.1 Issuer Obligations											
5.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											1
5.3 Defined											
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											1
5.5 Defined											
5.6 Other											
5.7 TOTALS											

# SCHEDULE D - PART 1A - SECTION 2 (Continued) Maturity Distribution of All Bonds Owned December 31. At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Ma	turity Distribution	1 of All Bonds Ow	/nea December 3	i, At Book/Adjust	ed Carrying value	es by Major Type a	and Subtype of is	sues			
	1	2	3	4	5	6	7	8	9	10	11
	1 Year	Over 1 Year	Over 5 Years	Over 10 Years			Column 6	Total	% From	Total	Total
	or	Through	Through	Through	Over	Total	as a % of	From Column 6	Column 7	Publicly	Privately
Distribution by Type		-								1	,
Distribution by Type	Less	5 Years	10 Years	20 Years	20 Years	Current Year	Line 10.7	Prior Year	Prior Year	Traded	Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED											
SECURITIES:											
6.5 Defined											
. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations											
IULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED											
ECURITIES:				U ( ) R	N E						
7.5 Defined					<b>T</b>						
7.7 TOTALS											
. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations											
Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations											
IULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 TOTALS											

## SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity	Distribution of Al	II Bonds Owned I	December 31, At I	Book/Adjusted Ca	rrying Values by	Major Type and S	ubtype of Issues				
	1	2	3	4	5	6	7	8	9	10	11
	1 Year	Over 1 Year	Over 5 Years	Over 10 Years			Column 6	Total	% From	Total	Total
	or	Through	Through	Through	Over	Total	as a % of	From Column 6	Column 7	Publicly	Privately
Distribution by Type	Less	5 Years	10 Years	20 Years	20 Years	Current Year	Line 10.7	Prior Year	Prior Year	Traded	Placed
10. Total Bonds Current Year	Less	J Teals	10 16413	20 16013	20 16013	Current real	LIIIC 10.7	1 1101 1 641	T HOL T Cal	Traueu	i iaceu
10.1 Issuer Obligations	1 000 534					1.000.534		x x x	x x x	1.000.534	
10.1 Issuel Obligations 10.2 Single Class Mortgage-Backed/Asset-Backed Securities 10.2	1,000,334					1,000,554		XXX	X X X	1,000,334	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:									XXX		
10.3 Defined								X X X	X X X		
10.4 Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								X X X	X X X		
10.6 Other								X X X	X X X		
10.7 TOTALS	1,000,534					1,000,534	100.00	X X X	X X X	1,000,534	
10.8 Line 10.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year											
11.1 Issuer Obligations						X X X	X X X				
11.2 Single Class Mortgage-Backed/Asset-Backed Securities						X X X	X X X				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: 11.3 Defined						x x x	X X X				
11.4 Other						XXX	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:			1			^ ^ ^					
11.5 Defined						X X X	X X X				
11.6 Other						X X X	X X X				
11.7 TOTALS						X X X	X X X				
11.8 Line 11.7 as a % of Column 8						X X X	X X X		X X X		
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	1,000,534					1,000,534	100.00			1,000,534	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Securities											X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											X X X
12.4 Other											X X X
											XXX
12.5 Defined											X X X
12.7 TOTALS	1 000 524					1,000,534				+	XXX
12.7 TOTALS 12.8 Line 12.7 as a % of Column 6	100 00						X X X	X X X	X X X		
12.9 Line 12.7 as a % of Line 10.7. Column 6. Section 10						100.00	X X X	X X X	XXX	100.00	
13. Total Privately Placed Bonds											
13.1 Issuer Obligations		<b></b>								x x x	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities										X X X	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										X X X	
13.4 Other										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										X X X	
13.6 Other										XXX	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Column 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							ХХХ	X X X	X X X	X X X	

#### **SCHEDULE DA - PART 2**

#### **Verification of SHORT-TERM INVESTMENTS Between Years**

		1	2	3	4	5
					Other	Investments in
					Short-term	Parent,
				Mortgage	Investment	Subsidiaries
		Total	Bonds	Loans	Assets (a)	and Affiliates
1. Book/adjust	ted carrying value, December 31 of prior year					
<ol><li>Cost of sho</li></ol>	ort-term investments acquired	1,001,055	1,001,055			
<ol><li>Increase (de</li></ol>	lecrease) by adjustment	(521)	(521)			
4. Increase (de	lecrease) by foreign exchange adjustment (loss) on disposal of short-term investments ion received on disposal of short-term investments					
<ol><li>Total profit</li></ol>	(loss) on disposal of short-term investments					
6. Consideration	ion received on disposal of short-term investments					
∣ /.	ted carrying value, current year	1,000,534	1,000,534			
8. Total valuat	tion allowance					
9. Subtotal (Li	tion allowanceines 7 plus 8)	1,000,534	1,000,534			
10. Total nonad	dmitted amounts					
	value (Lines 9 minus 10)					
	lected during year					
	ned during year					

<sup>(</sup>a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

40	Schedule DB Part A VerificationNONE
40	Schedule DB Part B VerificationNONE
41	Schedule DB Part C Verification
41	Schedule DB Part D VerificationNONE
41	Schedule DB Part E VerificationNONE
42	Schedule DB Part F Sn 1 - Sum Replicated AssetsNONE
43	Schedule DB Part F Sn 2 - Recon Replicated AssetsNONE
	ochedule DD Fatt Foli 2 - Necoli Replicated Assets
44	Schedule S - Part 1 - Section 2
44 45	
	Schedule S - Part 1 - Section 2NONE
45	Schedule S - Part 1 - Section 2

#### **SCHEDULE S - PART 6**

#### Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		(net of ceded)	Adjustments	(gross of ceded)
ASSET	S (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)			
2.	Accident and health premiums due and unpaid (Line 13)			
3.	Amounts recoverable from reinsurers (Line 14.1)			
4.	Net credit for ceded reinsurance			
5.	All other admitted assets (Balance)			
6.	Total assets (Line 26)	2,584,023		2,584,023
LIABIL	ITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)			
8.	Accrued medical incentive pool and bonus payments (Line 2)			
9.	Premiums received in advance (Line 8)			
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)			
11.	Reinsurance in unauthorized companies (Line 18)			
12.	All other liabilities (Balance)	32,249		32,249
13.	Total liabilities (Line 22)			
14.	Total capital and surplus (Line 31)	2,551,774	X X X	2,551,774
15.	Total liabilities, capital and surplus (Line 32)	2,584,023		2,584,023
NET C	REDIT FOR CEDED REINSURANCE			
16.	Claims unpaid			
17.	Accrued medical incentive pool			
18.	Premiums received in advance			
19.	Reinsurance recoverable on paid losses			
20.	Other ceded reinsurance recoverables			
21.	Total ceded reinsurance recoverables			
22.	Premiums receivable			
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24.	Unauthorized reinsurance			
25.	Other ceded reinsurance payables/offsets			
26.	Total ceded reinsurance payables/offsets			
27.	Total net credit for ceded reinsurance			

#### SCHEDULE T - PART 2

# INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

		ALLOCATED BY STATES AND TERRITORIES  Direct Business only						
	States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals	
1.	Alabama (AL)							
2.	Alaska (AK)							
3.	Arizona (AZ)							
4.	Arkansas (AR)							
5.	California (CA)							
6.	Colorado (CO)							
7.	Connecticut (CT)							
8.	Delaware (DE)							
9.	District of Columbia (DC)							
10.	Florida (FL)							
11.	Georgia (GA)							
12.	Hawaii (HI)							
13.	Idaho (ID)							
14.	Illinois (IL)							
15.	Indiana (IN)							
16.	lowa (IA)							
17.	Kansas (KS)							
18.	Kentucky (KY)							
19.	Louisiana (LA)							
20.	Maine (ME)							
21.	Maryland (MD)							
22.	Massachusetts (MA)							
23.	Michigan (MI)							
24.	Minnesota (MN)							
25.	Mississippi (MS)							
26.	Missouri (MO)							
27.	Montana (MT)							
28.	Nebraska (NE)				<del></del>			
29.	Nevada (NV)							
30.	New Hampshire (NH)			NE	'			
31.	New Jersey (NJ)			/ IN L				
32.	New Mexico (NM)			1	J			
33.	New York (NY)							
34.	North Carolina (NC)							
35.	North Dakota (ND)							
36.	Ohio (OH)							
37.	Oklahoma (OK)							
38.	Oregon (OR)							
39.	Pennsylvania (PA)							
40.	Rhode Island (RI)							
41.	South Carolina (SC)							
42.	South Dakota (SD)							
43.	Tennessee (TN)							
44.	Texas (TX)							
45.	Utah (UT)							
46.	Vermont (VT)							
47.	Virginia (VA)							
48.	Washington (WA)							
49.	West Virginia (WV)							
50.	Wisconsin (WI)							
51.	Wyoming (WY)							
52.	American Samoa (AS)							
53.	Guam (GU)							
54.	Puerto Rico (PR)							
55.	U.S. Virgin Islands (VI)							
56.	Northern Mariana Islands							
	(MP)							
57.	Canada (CN)							
58.	Aggregate other alien (OT)							
59.	TOTALS	. [						

# SCHEDULE Y (Continued) PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

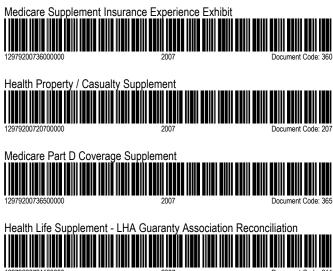
1	2	3	4	5	6	7	8	9	10	11	12	13
					Purchases, Sales	Income/(Disburse-				Any Other		Reinsurance
					or Exchanges of	ments) Incurred in				Material Activity		Recoverable/
					Loans, Securities,	Connection with	Management	Income/		not in the		(Payable)
					Real Estate,	Guarantees or	Agreements	(Disbursements)		Ordinary		on Losses
NAIC	Federal				Mortgage	Undertakings	and	Incurred Under		Course of		and/or Reserve
Company	ID	Names of Insurers and Parent,	Shareholder	Capital	Loans or Other	for the Benefit	Service	Reinsurance		the Insurer's		Credit Taken/
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Investments	of any Affiliate(s)	Contracts	Agreements	*	Business	Totals	(Liability)
12974	20-8384508	DAVITA VILLAGEHEALTH INS OF AL INC		2,615,776							2.615.776	
12981	26-0382562	DAVITA VILLAGEHEALTH OF GA INC		5,101,636							5,101,636	
12979		DAVITA VILLAGEHEALTH OF MI INC		999,800							999,800	
12975	20-8981247	DAVITA VILLAGEHEALTH OF OH INC		3,387,230							3,387,230	
12972		DAVITA VILLAGEHEALTH OF VA INC		5,880,030							5,880,030	
	20-8088143	DAVITA VILLAGEHEALTH, INC		(17,984,472)							(17,984,472)	
9999999 Tot	als								XXX			

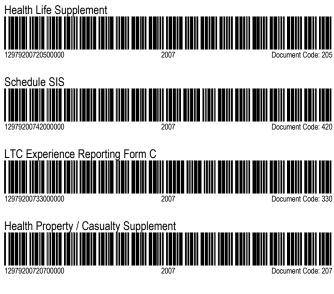
Schedule Y Part 2 Explanation:

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions MARCH FILING Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes Will an actuarial opinion be filed by March 1?
Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes Yes Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? APRIL FILING Will Management's Discussion and Analysis be filed by April 1? Yes Will the Supplemental Investment Risks Interrogatories be filed by April 1? Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes Yes JUNE FILING 8. Will an audited financial report be filed by June 1? Yes The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions. MARCH FILING Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No Nο **APRIL FILING** 14. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?15. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No No 16. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? Explanations: Health Life Supplement Medicare Supplement Insurance Experience Exhibit

Bar Codes:





ANNUAL STATEMENT FOR THE YEAR 2007 OF THE <code>DaVita VillageHealth</code> of Michigan, Inc.

#### **OVERFLOW PAGE FOR WRITE-INS**



# Medicare Part D Coverage Supplement (Net of Reinsurance)

(To be Filed By March 1) NAIC Group Code: 4422

NAIC Company Code: 12979

		Individual	Coverage	Group C	Coverage	
		1	2	3	4	5
		'	_		'	Total
		Insured	Uninsured	Insured	Uninsured	Cash
4	Despriyees Callastad	Ilisulea	Utilitsureu	Ilisuleu	Utilitsureu	Casii
1.	Premiums Collected					
	1.1 Standard Coverage					
	1.11 With Reinsurance Coverage					
	1.12 Without Reinsurance Coverage		X X X		X X X	
	1.13 Risk-Corridor Payment Adjustments		X X X		X X X	
	1.2 Supplemental Benefits		X X X		X X X	
2.	Premiums Due and Uncollected - change					
	2.1 Standard Coverage					
	2.11 With Reinsurance Coverage		Y Y Y		XXX	XXX
	2.12 Without Reinsurance Coverage					
	2.2 Supplemental Benefits		X X X		X X X	X X X
3.	Unearned Premium and Advance Premium - change					
	3.1 Standard Coverage					
	3.11 With Reinsurance Coverage		X X X		X X X	X X X
	3.12 Without Reinsurance Coverage					
	3.2 Supplemental Benefits					
4.	Risk-Corridor Payment Adjustments - change					
l "	4.1 Receivable		Y V V		Y V V	Y V V
_	4.2 Payable		X X X		X X X	X X X
5.	Earned Premiums					
	5.1 Standard Coverage					
	5.11 With Reinsurance Coverage		X X X		X X X	X X X
	5.12 Without Reinsurance Coverage		X X X		X X X	X X X
	5.13 Risk-Corridor Payment Adjustments					
	5.2 Supplemental Benefits					
6.	Total Premiums		V V V		V V V	XXX
7.						
1.	Claims Paid					
	7.1 Standard Coverage					
	7.11 With Reinsurance Coverage					
	7.12 Without Reinsurance Coverage					
	7.2 Supplemental Benefits		X X X		X X X	
8.	Claim Reserves and Liabilities - change					
	8.1 Standard Coverage					
	8.11 With Reinsurance Coverage		V V V		V V V	V V V
	<del>-</del>					
	8.12 Without Reinsurance Coverage					
	8.2 Supplemental Benefits		X X X		X X X	X X X
9.	Healthcare Receivables - change					
	9.1 Standard Coverage					
	9.11 With Reinsurance Coverage		X X X		X X X	X X X
	9.12 Without Reinsurance Coverage					
	9.2 Supplemental Benefits					
10	Claims Incurred		XXX		XXX	XXX
10.						
	10.1 Standard Coverage				.,,,,	.,,,,,
	10.11 With Reinsurance Coverage					
	10.12 Without Reinsurance Coverage					X X X
	10.2 Supplemental Benefits		X X X		X X X	X X X
11.	Total Claims		X X X		X X X	
12.						
	12.1 Claims Paid - net to reimbursements applied	XXX		XXX		
	12.2 Reimbursements Received but Not Applied -					
		VVV		V V V		
	change					
	12.3 Reimbursements Receivable - change					
	12.4 Healthcare Receivables - change					
13.						
14.	Expenses Paid		X X X		X X X	
15.	Expenses Incurred		X X X		X X X	X X X
16.	Underwriting Gain/Loss					
17.						
□17.	Oddii i iom i/coniio		· · · · · · · · · · · · · · · · · · ·	^ ^ ^		

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